

For official use only: Customer Name	Customer No.
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Department of the Treasury
Bureau of the Public Debt
(Revised August 2004)

CHANGE OF ADDRESS AND/OR IDENTIFICATION OF ACCOUNT FOR UNITED STATES REGISTERED SECURITIES

OMB No. 1535-0064

1. PURPOSE OF FORM: I am the owner of the registered securities listed below and I am:

☐ Notifying you of my change of address.

☐ Describing holdings for identification of accounts.

2. DESCRIPTION OF SECURITIES:

TITLE OF SECURITY (Identify securities by series, interest rate, type, call and maturity dates, as appropriate)	FACE AMOUNT (Denomination)	SERIAL NUMBER	INSCRIPTION (Exact inscription shown on the face of each security)

3. TAXPAYER IDENTIFICATION NUMBER(S): (See the Instructions.)

(Social Security Number)

(Name to which number assigned)

(Social Security Number)

(Name to which number assigned)

(Employer Identification Number)

(Name to which number assigned)

4. CHANGE OF ADDRESS INFORMATION:

Former address:

(Name)

(Number and street or rural route) (City) (State) (ZIP Code)

New address:

(Name)

(Number and street or rural route) (City) (State) (ZIP Code)

5. SIGNATURE AND CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER:

Under penalty of perjury, I certify that:

- The taxpayer identification number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- I am not subject to backup withholding because **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** I have been notified by the Internal Revenue Service that I am no longer subject to backup withholding, **and**
- I am a U.S. person (including a U.S. resident alien).

(Instructions) - You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.)

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign Here: ⇒

(Signature of registered owner, representative, or fiduciary)

(Daytime Telephone No.)

INSTRUCTIONS

USE OF FORM – Use this form to give notice of a change of address or to describe holdings for identification of your account(s). Use this form for Series HH/H savings bonds and/or registered Treasury bonds and notes in definitive/paper form.

WHO MAY COMPLETE THE FORM – The form must be completed by the registered owner or his/her representative.

COMPLETION OF FORM

- **ITEM 1.** Check the appropriate box to indicate the purpose of the form.
- **ITEM 2.** Furnish a complete description of the securities. If more space is needed, use a plain sheet of paper and attach it to this form.
- **ITEM 3.** Furnish the appropriate taxpayer identification number and the name to which it is assigned. The following rules must be observed when furnishing the number:
 - ✓ If the securities are inscribed in the name of one person as owner, with or without a beneficiary, furnish the owner's social security number. If known, the social security number of the beneficiary may also be furnished.
 - ✓ If the securities are inscribed in the names of two persons as coowners, furnish the social security number of the first coowner. If known, the social security number of the second coowner may also be furnished.
 - ✓ If the securities are inscribed in the name of a guardian, custodian, or similar representative of the estate of a minor, incompetent, or other ward as owner, furnish the social security number of the minor, incompetent, or other ward.
 - ✓ If the securities are inscribed other than in the name of a natural person (in the name of an executor, administrator, trustee, corporation, association, partnership, etc.) furnish the taxpayer identification number assigned to the estate.
- **ITEM 4.** If you're notifying us of a change of address, provide your former address and your new address. ***Failure to provide prompt notice of a change of address could result in the nonreceipt of an interest check or Form 1099-INT.***
- **ITEM 5.** Carefully read the statement and certify that you are not subject to backup withholding, if appropriate. If you are subject to backup withholding, you must strike through Item 2 of this section. Sign the form and provide your daytime telephone number. The signature of a registered owner should be in the same form as that appearing on the bonds. The signature of a representative or fiduciary must be in the same form as that shown in the court papers or other evidence of authority and must be followed by the proper title and reference to the estate or trust, as for example, "John W. Smith, administrator of the estate of Henry L. Smith, deceased."

WHERE TO SEND

- For Treasury bonds/notes – Send the form to Bureau of the Public Debt, PO Box 426, Parkersburg, WV 26106-0426.
- For Series HH/H bonds – Unless otherwise instructed, send the form to one of the Treasury Retail Securities Sites shown below:

Treasury Retail Securities Site
PO Box 299
Pittsburgh, PA 15230-0299

Phone: 1-800-245-2804

Treasury Retail Securities Site
PO Box 214
Minneapolis, MN 55480-0214

Phone: 1-800-553-2663

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 06 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND the completed form to the above address; send to correct address shown in "WHERE TO SEND" above.**